



---

## Use of the Group Room Procedure

---

### 1. Purpose

The *Work Health and Safety Act 2020* (WA) imposes a duty of care obligation on the WA Country Health Service to provide workplaces and systems of work that are as free as practicable from hazards and the risk of harm.

The Great Southern Mental Health Service (GSMHS) staff and patients can face a number of hazards related to providing group activities for Acute Psychiatric Unit (APU). This includes patients whose illness and symptoms may increase agitation and potential for aggression.

In order to promote recovery, activities of daily living are provided to inpatients. These include activities in the APU Group Room which is located immediately outside of the APU. This room is equipped with a full kitchen, storeroom and has space for group activities generally run by the APU Occupational Therapy team during the week and nursing staff on the weekend.

### 2. Procedure

Access to the APU group room is via a proximity card through 2 entry points, one from the main entry in the corridor to the APU and the other via the staff only corridor. All staff must be mindful when using the group room that all patients must have a risk assessment performed prior to accessing this area, especially those at risk of absconding, as patients are able to exit from the area without proximity cards.

All patients assessed as suitable to access the group room must be escorted by a staff member. Patients accessing the group room are to be supervised at all times due to ligature points and sharps. If a staff member is required to leave the area patients must either leave or another staff member called to provide supervision. It is preferred that two staff members are present at all times when patients are present in the room.

The sharps cupboard can be accessed via keys kept by the Occupational Therapy team or the Shift Coordinator during the weekend. All sharps must be returned to the locked cupboard when not in use and are never to be left unsecured. It is the responsibility of the staff member accessing sharps to ensure they are returned safely.

The Shift Coordinator must be informed when taking patients into the group room. If required, the Shift Coordinator (or delegate) can perform periodic safety checks either in person or via the CCTV as requested by the clinician supervising the patient.

#### **Before running an activity with patients' staff must first:**

- Notify the Shift Coordinator of the time of the group, those who will be present and the likely duration
- Assess the mental state of each participant to assess their suitability to participate in the group activities. If any significant risk is assessed the patient may be excluded from the activity

- Ensure that all staff members are wearing a duress pendant and are familiar with how to activate a code black
- If an Aboriginal patient is participating in a group activity the Aboriginal Mental Health worker is available to provide support.

In the event that an item is noticed to be missing at any point during the activity the Shift Coordinator is to be immediately notified, along with the other staff in the immediate area and a search commenced.

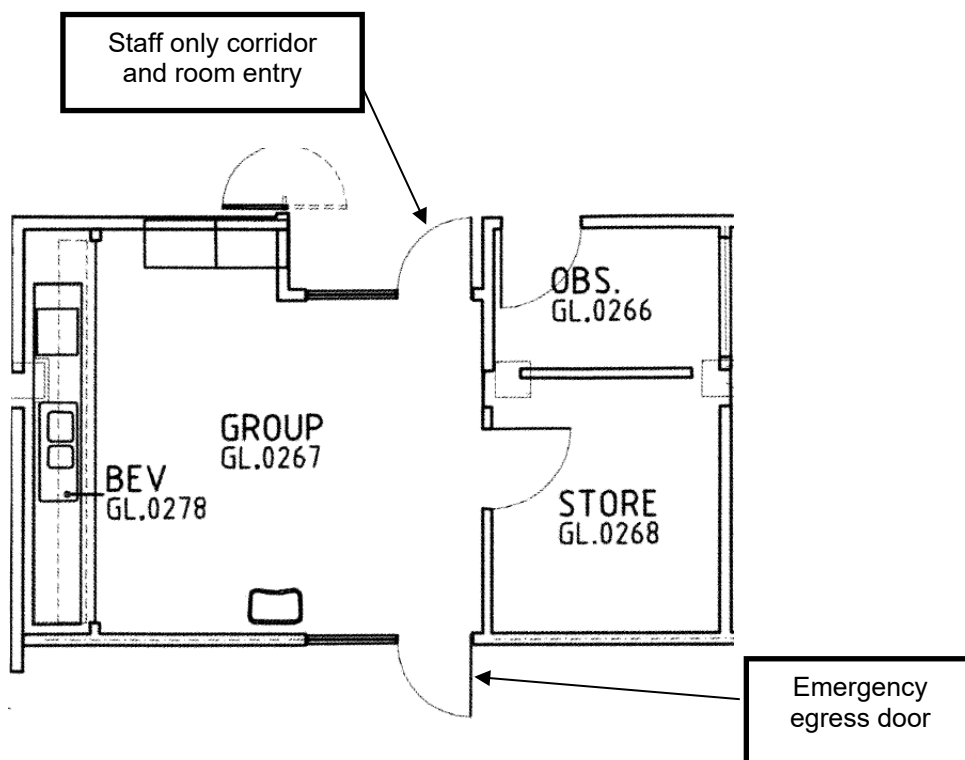
The participants are to remain in the area of the activity while the search is being conducted (if it is safe to do so).

If the missing item is not found within a reasonable time (10 – 15 minutes) the Clinical Nurse Manager (CNM) to be notified and appropriate mitigation strategies will be implemented.

If a person has deliberately secreted a sharp/item, the incident is to be recorded using the Clinical Incident Management System and documented in the patient's medical record and a PSOLIS alert added.

**After running an activity:**

- Ensure all items including sharps are returned to their designated area and sharps cupboard is locked
- Area is left clean and tidy
- Patients are escorted back to the APU and Shift Coordinator informed.



### 3. Roles and Responsibilities

#### **Clinical Director**

Clinically lead the service by ensuring excellence in local clinical governance systems and defining clinical best practice.

#### **Manager, GS Mental Health Service**

Provide managerial support to the APU via clear expectations of operational unit role and ensuring that there are adequate resources to meet these. Monitor the team performance against the agreed performance indicators.

#### **Acute Psychiatric Unit Clinical Nurse Manager**

Identify and communicate organisational and local ward clinical governance structures. Provide day to day monitoring of the ward clinical governance processes.

#### **Shift Coordinator**

The Shift Coordinator will be responsible for supervising, monitoring, delegating, and communicating all operational processes involving the provision of safe and effective nursing care.

#### **Clinical Nurses, Registered Nurses and Enrolled Nurses**

Deliver care within the scope of practice for registration and competence. Undertake tasks as delegated or as scheduled by shift coordinator instructions. Escalate to the shift coordinator any clinical, OSH, or security incidents, near misses, and patient complaints. Communicate immediately with the shift coordinator if there is any deterioration in a patient's condition or when the delivery of patient care is outside of the nurse's scope of practice or competence. Liaise with the shift coordinator to communicate the patient's condition and care, including use of discretionary/prn medications.

**Aboriginal Mental Health Workers** as part of the Mental Health multidisciplinary team provide cultural support to clinicians and care and comfort to Aboriginal patients on the APU.

**All staff** are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

### 4. Monitoring and Evaluation

#### 4.1 Monitoring

Monitoring of compliance with this document is to be carried out by the Senior Occupational Therapist, through monitoring activities in the group room.

#### 4.2 Evaluation

Evaluation of compliance with this document is to be carried out by the APU CNM, through monitoring of the Clinical Incident Management System and Occupational Safety and Health Reporting tools.

## 5. Compliance

This procedure is a mandatory requirement under the [Work Health and Safety Act 2020](#) (WA).

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

## 6. References

[Clinicians Practice Guide to the MH Act 2014](#) Edition 3

Western Australian Government. Chief Psychiatrist's Standards for Clinical Care; 2015  
SMHS [Sharps in Therapeutic and Kitchen Activities](#)

## 7. Definitions

Term	Definition
<b>Code Black</b>	A call for assistance when any individual is at personal threat of harm from an act of aggression

## 8. Document summary

<b>Coverage</b>	Great Southern
<b>Audience</b>	All Albany Acute Psychiatric Unit clinical staff
<b>Records Management</b>	Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Work Health and Safety Act</a> (WA) <a href="#">Mental Health Act 2014</a> (WA)
<b>Related Mandatory Policies / Frameworks</b>	<a href="#">State-wide Standardised Clinical Documentation for Mental Health Services</a> – MP0155/21 <a href="#">Clinical Care of People with Mental Health Problems Who May Be at Risk of Becoming Violent or Aggressive Policy</a> – MP0101/18 <a href="#">Clinical Care of People Who May Be Suicidal Policy</a> <a href="#">Mental Health Policy Framework</a> – MP0074/17
<b>Related WACHS Policy Documents</b>	<a href="#">Closed Circuit Television (CCTV) Monitoring for Clinical Services in WACHS Mental Health</a> <a href="#">Duress Alarm Procedure</a>
<b>Other Related Documents</b>	Nil
<b>Related Forms</b>	<a href="#">Statewide Standardised Clinical Documentation (SSCD) Suite</a> <a href="#">Mental Health Act 2014 Forms</a>
<b>Related Training Packages</b>	Nil
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID:1737
<b>National Safety and Quality Health Service (NSQHS) Standards</b>	2.1, 2.8, 2.9, 2.10, 2.12, 2.13, 6.10, 10.1.1, 10.5.2, 10.5.12.
<b>National Standards for Mental Health</b>	2.6, 2.12, 9.2, 10.1.1, 10.1.6, 10.5.1, 10.5.2, 10.5.3, 10.5.12, 10.5.13, 10.5.14, 10.1.15

## 9. Document Control

Version	Published date	Current from	Summary of changes
2.00	29 Sep 2017	29 Sep 2017	
3.00	13 Dec 2022	13 Dec 2022	<ul style="list-style-type: none"> <li>• Transferred to new policy template</li> <li>• Safety processes including monitoring of activities.</li> <li>• Procedures for missing items</li> <li>• Availability of Aboriginal Mental Health workers to provide cultural care and support for activities.</li> </ul>

## 10. Approval

<b>Policy Owner</b>	Regional Director, Great Southern
<b>Co-approver</b>	Executive Director, Mental Health
<b>Contact</b>	Regional Manager, Mental Health, Great Southern
<b>Business Unit</b>	Mental Health, Great Southern
<b>EDRMS #</b>	ED-CO-13-69343
<p><i>Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.</i></p>	

**This document can be made available in alternative formats on request.**